Increase in laprosy cases

†4115. SHRI VIJAY SINGH YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the cases of laprosy are increasing in the country;

(b) if so, the details of such cases detected during the year 2001-2002 and till date State-wise;

(c) the details of the amount allocated to prevent laprosy and the amount spent on the same during the said period, State-wise especially in Bihar; and

(d) the steps taken to put a check on laprosy in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) No Sir. The total number of leprosy cases are not increasing alarmingly as is evident from the Table given below. However, with increased IEC and Surveillance efforts even hidden cases are being detected from urban slums/difficult and inaccessible rural areas for prompt Multi Drug Therapy.

Year	Routinely Detected	Detected through MLEC	Total Detected
1998-1999	4.21 lakhs	3.62 lakhs	7.83 lakhs
1999-2000	3.87 lakhs	2.13 lakhs	6.00 lakhs
2000-2001	5.02 lakhs	No MLEC done	5.02 lakhs (without MLEC)
2001-2002 *(P)	3.31 lakhs	1.58 lakhs	4.89 lakhs

MLEC : (Modified Leprosy Elimination Campaign)

*the State-wise breakup of leprosy cases detected routinely during April–December, 2001 as well as through MLEC during the year 2001-2002 is given in the statement (*see* below).

(c) State-wise Government of India allocation and expenditure under National Leprosy Eradication Programme (NLEP) during 2001-02 including for State of Bihar is given in the Statement-II (*See* below).

(d) With the assistance of the World Bank, first phase of the NLEP started in 1993-94 and all the Districts got covered under Multi Drug Therapy (MDT) by 1995-96. The Prevalence Rate (*PR) which was over 24/10,000 at the beginning of the first phase came down to 5.2/10,000 in March, 2000.

†Original notice of the question was received in Hindi.

Second phase of World Bank assisted National Leprosy Eradication Programme (NLEP) for 3 years was started in 2001-02 with the aim of achieving elimination of leprosy *i.e.* a PR of less than 1/10,000 population at the national level by March, 2004.

The main components of this Project are as follows:—

(i) Decentralization with full responsibility for implementation, monitoring and financial management to be done by the States. State and District Leprosy Societies have been formed in the States for this purpose.

(ii) Integration of Leprosy Services with General Health Case Services for greater reach of leprosy services.

(iii) Two rounds of Modified Leprosy Elimination Campaigns (MLEC) for detection of hidden cases will be undertaken in the 2nd project.

(iv) Creating public awareness about facts of leprosy through intensive Information, Educational and Communication (IEC).

(v) Training of all General Health Care Staff in leprosy.

(vi) Disability Care and Prevention.

Statement-I

National Leprosy Eradication Programme
No. of cases detected during the year 2001-02 (Prov.)

Sl. No.	State/UT	Cases detected routinely (April-Dec. 2001)	Case detected during MLEC (2001-02)	Total cases detected (3+4) (P)
1	2	3	4	5
1.	Andhra Pradesh	38639	3415	42054
2.	Arunachal Pradesh	65	39	104
3.	Assam	1398	559	1967
4.	Bihar	57429	42833	100262
5.	Chhatisgarh	11077	12353	23430
6.	Goa	264	NR	264
7.	Gujarat	8629	457	9086
8.	Haryana	557	NR	557
9.	Himachal Pradesh	186	25	211

1	2	3	4	5
10.	Jharkhand	19379	20301	39680
11.	Jammu Divn.	75	380	455
12.	Kashmir Divn.	43	28	71
13.	Karnataka	13425	2930	16355
14.	Kerala	1818	127	1945
15.	Madhya Pradesh	11516	3181	14697
16.	Maharashtra	32505	5820	38325
17.	Manipur	114	31	145
18.	Meghalaya	34	NR	34
19.	Mizoram	19	4	23
20.	Nagaland	34	27	61
21.	Orissa	22767	14122	36889
22.	Punjab	969	119	1068
23.	Rajasthan	1520	NR	1520
24.	Sikkim	47	0	47
25.	Tamil Nadu	19613	7021	26634
26.	Tripura	70	0	70
27.	Uttar Pradesh	56594	30739	87333
28.	Uttaranchal	931	493	1424
29.	West Bengal	26420	12653	39073
30.	A & N Islands	54	NR	54
31.	Chandigarh	234	26	260
32.	D & N Haveli	168	117	285
33.	Daman & Diu	43	NR	43
34.	Delhi	3780	176	3956
35.	Lakshadweep	6	NR	6
36.	Pondicherry	235	163	398
	TOTAL	330357	158149	488806

P-Provisional
NR-Report not received

Statement-II

National Leprosy Eradication Programme
State-wise funds allocated and spent (Release) by GoI during the year 2001-02

(Rs. in lakhs)

Sl. No.	States	2001-02 Allocation	Release
1	2	3	4
1.	Andhra Pradesh	223.83	223.83
2.	Arunachal Pradesh	62.09	62.09
3.	Assam	153.85	153.85
4.	Bihar	663.94	663.94
5.	Chhattisgarh	378.34	378.34
6.	Goa	11.52	11.52
7.	Gujarat	61.97	61.97
8.	Haryana	61.94	61.94
9.	Himachal Pradesh	49.69	49.69
10.	Jammu & Kashmir	100.55	100.55
11.	Jharkhand	356.23	356.23
12.	Karnataka	196.05	196.05
13.	Kerala	74.61	74.61
14.	Madhya Pradesh	395.32	395.32
15.	Maharashtra	435.99	435.99
16.	Manipur	71.02	71.02
17.	Meghalaya	46.94	46.94
18.	Mizoram	60.51	60.51
19.	Nagaland	89.22	89.22
20.	Orissa	540.77	540.77
21.	Punjab	32.30	32.30
22.	Rajasthan	123.07	123.07
23.	Sikkim	34.87	34.87

1	2	3	4
24.	Tamil Nadu	413.04	413.04
25.	Tripura	46.47	46.47
26.	Uttaranchal	129.01	129.01
27.	Uttar Pradesh	1282.50	1282.50
28.	West Bengal	574.66	574.66
29.	A & N Islands	18.30	18.30
30.	Chandigarh	5.50	5.50
31.	D and N Haveli	6.00	6.00
32.	Daman and Diu	18.40	18.40
33.	Delhi	48.36	48.36
34.	Lakshadweep	6.00	6.00
35.	Pondicherry	2.00	2.00
	TOTAL	6774.86	6774.86

Prevalence of HIV infection among pregnant women

4116. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is an estimated 0.3 per cent prevalence of HIV infection among the pregnant women;

(b) if so, the steps proposed to be taken to prevent HIV carriage in the children; and

(c) the long-term strategies which are proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) and (c) In view of the emerging threat of HIV, Government has initiated Mother to Child Transmission Programme in the country. NACO had undertaken the Feasibility study on prevention of Mother to Child transmission in 11 institutions located in five high prevalence States namely: Maharashtra (5), Tamil Nadu (3), Andhra Pradesh (1), Karnataka (1) and Manipur (1). Encouraged with the results in phase one Government is scaling up the programme in Medical Colleges of the six high prevalence States namely: Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur and Nagaland following by District hospitals in these States and the Medical Colleges of the other low prevalence States.